



# Feast of the Flowering Moon Memorial Day Weekend

## Board Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Community Affiliations (past & present):

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Why are you interested in serving as a board member for the Feast of the Flowering Moon?

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What strengths can you bring to the Feast of the Flowering Moon board?

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Committees: (Mark each area of interest)

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|---|---|---|
| <input type="checkbox"/> Queens           | <input type="checkbox"/> Sponsorships     | <input type="checkbox"/> Concession Vendors |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Craft Vendors    | <input type="checkbox"/> Commercial Vendors |
| <input type="checkbox"/> Mountain Men     | <input type="checkbox"/> Parade           | <input type="checkbox"/> Promotional        |
| <input type="checkbox"/> Ross County Idol | <input type="checkbox"/> Information Tent | <input type="checkbox"/> Bingo              |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications can be mailed to: Feast of the Flowering Moon, Attn: Board Application, P.O. Box 879, Chillicothe, OH 45601.